

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90111 039 ***150.00

DOCUMENT # P02000117924

1. Entity Name
HINDUSTAN WEB, INC.



Principal Place of Business
**1411 NORFOLK AVENUE
WINTER PARK FL 32789**

Mailing Address
**1411 NORFOLK AVENUE
WINTER PARK FL 32789**



2. Principal Place of Business
1221 MINNESOTA STREET

3. Mailing Address
1221 Minnesota Street

Suite, Apt. #, etc. **APT.**

Suite, Apt. #, etc. **APT D.**

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
04-3734131

Applied For
Not Applicable

Zip
32803

Country
USA

Zip
32803

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, MAHENDRAKUMAR V
1411 NORFOLK AVENUE
WINTERPARK FL 32789**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PATEL, MAHENDRAKUMAR V		NAME		
STREET ADDRESS	1411 NORFOLK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTERPARK FL 32789		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MAHENDRAKUMAR V PATEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 **407 898 5651**
Date Daytime Phone #

CR2E034 (10/02)